

# HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>Only for new nonprovisional applications under 37 C.F.R. 1.53(b)</small>	Attorney Docket No.	3518.1015-000
	First Named Inventor or Application Identifier	Thomas M. DiMauro
	Express Mail Label No.	EV 052029693 US
Title of Invention: <b>Trans-Capsular Administration of High Specificity Cytokine Inhibitors into Orthopedic Joints</b>		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>
1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification <b>Total Pages [ 50 ]</b> <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <b>Total Sheets [ ]</b> <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration <b>Total Pages [ ]</b> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) [ ] Pages c. <input type="checkbox"/> Statements verifying identity of above copies <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>ACCOMPANYING APPLICATION PARTS</b>          7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents)              <input checked="" type="checkbox"/> Assignee - DePuy AcroMed, Inc.                  Raynham, MA          8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement          9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>          10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations          11. <input type="checkbox"/> Preliminary Amendment          12. <input checked="" type="checkbox"/> Return Receipt Postcard          13. <input type="checkbox"/> Small Entity Statement(s)          14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365          14b. <input type="checkbox"/> Certified Copy of Priority Document(s)          15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>          16. <input type="checkbox"/> Other _____       </div>

17. **If a CONTINUING APPLICATION**, check appropriate box; supply the requisite information.

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information:    Examiner: \_\_\_\_\_    Group Art Unit: \_\_\_\_\_

**The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference.**  
*(Add standard Related Applications section with incorporation by reference to specification or update same)*

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